V. S. No. 1

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CTATE	OF	MARYLAND-	-CERTIFICA	TF	OF	DEATH
SIAIL	UF	MAKILAND-	CERTIFICA	/ IL	OL	DEATH

07233

1. PLACE OF DEATH Kent	G.	Registration Dist. No. 20	13
Village or City Juney Tuck Length of residence In city or own where dear	AF Y	No. St., death occurred in a hospital or institution, give its NAME instead of street and the street of the street	
(a) Residence: No.	Pock Hall (Usual place of abode)	St., Ward. If nonresident give city or town a	and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
m , ω .	OR DWORGED (write the word)	21. DATE OF DEATH July 73 (Month) (Day)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE	an ashley	Jung 10 1900 to July 20	, 19.0.4.
6. DATE OF BIRTH (month, day, and y)	or. 16,1854	1) est saw h alive on 1931	.; death Is said
7. AGE Years Months 79 8	Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	11. Total time (years) spant in this occupation	Other Contributory Causes of importance:	1932
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. State or country)	rayled.	Name of operation Date o	
14. BIRTHPLACE (city or town)	Sahula I		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) (Address)	Cortek Cent G. Maryland.	What test confirmed diagnosis?	wing: , 19 State)
18. BURIAL, CREMATION, OR REMOVAL Place	Date 7/25, 193X	Manner of injury	
19. UNDERTAKER (Address) Chester 23.10.24 MA.2.	hallon Ind	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signety)	M. E
20. FILED 11 LAJ 20 . 19.34 ///	Registrar	(Address) Cheslulaux	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

Exact statement of OCCUPA.

STATE C	F MARYLAND-	CERTIFICATE OF DEATH 107234
1. PLACE OF DEATH		
County & Zerry		Registration Dist. No. \$203
Village or City Rock /	tall	Ma.
	(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurredyrs,mos	ds. How long In U.S. If of foreign birth? yrs. mos. d
2. FULL NAME UNIN	ie Elizabe	th aines
(a) Residence: No.	<i>V</i>	St.,Ward.
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
CF m	OR DIVORCED (write tha word)	(Month) (Oay) (Year)
5a. If merried, widowad, or divorced HUSBAND of (or) WIFE of	MALLOW	
(or) WIFE of Leave Su	1 125	July 110 1984 10 July 5 14 1934
6. DATE OF BIRTH (month, day, and year)	el-20/809	I last sew h a aliva on July 4 roll 1954; death is sail
7. AGE Years Months	Days If LESS twan	to have occurred on the date stated above, et . 5. aff. m. A.M.
75 4	2 S ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		Careliae Jawru pensatria
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Dete deceased last worked at		dironia rugor arditis
work was done, as SILK MILL, SAW MILL, BANK, atc.		averanta
10. Dete deceased last worked at this occupation (month and year)	11. Total tima (yaars) spent in this occupation	
12. BIRTHPLACE (city or town)	wh Hall	Other Contributory Causes of importance:
(Stata or country)	The state of the s	duorin bright Hiseare.
13. NAME POZGE 14. BIRTHPLACE (city or town)	Hyorgeor	
14. BIRTHPLACE (city or town)	Cesa/-	Name of operation Date of
(State or country)	1108 0	What tast confirmed diagnosis? Was there an outopsy?
15. MAIDEN NAME Matel 16. BIRTHPLACE (city or town)	da prachs	132 If deeth was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Frank J	Accidant, suicida, or homicide? Date of injury, 19
(State or country)	Co pang.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT RUCK (Address) RUCK	tall med.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hesley Chap	Chate July 8, 19 34	Manner of injury
19. UNDERTAKER A TO	llows p	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED May 7, 1934 MM.	2. J. B. Dandin	(Signad) Cellsert a. Burgarel M.
	Registrar.	A (Address) ROTSALALL

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	de la	Example II	15
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MES 2 AND			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07235
1. PLACE OF DEATH	(150)
County Kent	Registration Dist. No. 203
0 4 4 44 (h a.e //
Village or City FUCK Hall (1144)	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Naukling Bake	
(a) Residence: No. // My heads (Usuar place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	no 9 7 11 1934
male thill myl	(Mouth) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEBEBY CERTIFY, That I attended daceased from
(or) WIFE of	26 8 16 19 34 10 Jels 9 12 19 34
6. DATE OF BIRTH (month, day, and year) July 8 79 344	Hast saw h in elive on 2 12 8 74 19 94 : death is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, et. 3.2. A.m.
1 day,6hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
Ormin.	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	hemsture
9. Industry or business in which	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this spent in this	6/2 months
0 10. Date decesed last worked at this occupation (month end spent in this	
O this occupation (month end spent in this occupation occupation	
12. BIRTHPLACE (city or town) Rock Kall (State or country)	Other Contributory Causes of importance:
13. NAME ledie Porker	
4 14. BIRTHPLACE (city or town) ARK Hall (State or country)	Name of oparation Dete of
(State of Country)	What tast confirmed diagnosis? Wes there en au'opsy7
15. MAIDEN NAME # soldy Bech 16. BIRTHPLACE (city or town) - P. Neg Neels	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State of Country)	Where did Injury occur?
17. INFORMANT Fatter (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Placa Vertis (lugel Data 7/9/ 19 St	Nature of injury
19. UNDERTAKER Leslie Baker (Hather)	24. Was diseese or injury in eny way related to occupation of dacaesed?
(Addrass) Pick Hall	If so, spacify
20. FILED July 9 1924 This To B. Sanding	(Signad) Weber a company M.D. (Address) M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BEREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones May 1,192		Gastroenteritis	1 year

V. S. No.

TION is very important. See instructions on back of certificate.

should state item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07236
1. PLACE OF DEATH	(23)
County Kent	Registration Dist. No. 213
Village or City Rock Hall	No. St., Ward
Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) sdsHow long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME george Vilbur Poling	Jau
(a) Residence: No. gratitude	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Thite OR DIVORCED (curice the word)	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Elizabeth Blimarel	ocholier 1933 to July 28 72 1984
6. DATE OF BIRTH (month, day, and year) 1869 Jan 674	I last saw have elive on July 2872 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ G 3º P_m.
64 5 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
I I I rade, profession, or particular	A
Trade, profession, or particular kind of work done, as SPINNER, retirced Rule was keeper, setc.	an Valuouary talurculores 4 year
Rind of work done, as SPINNER, retirced Rule was key SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	Futestrane Tuberculoris
this occupation (month and 1911 spant in this occupation	*teartfailure
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Courvel County (State or country)	-
13. NAME William Plizard 14. BIRTHPLACE (city or town) Vinginia	
4. BIRTHPLACE (city or town) Vinginia	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Relieve Heet wood 16. BIRTHPLACE (city or town) with Known	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) with Known	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Way 7. Sangard (Address) Welk Hall	Specify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place furmians lastura lesu. Date 17 , 19 24	- Nature of Injury
Ada Merica	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER / WWW VILLE SW SW -	If so, specify
Andrew What B Dude	(Signed) albert a. Burgarel M.D.
20. FILED May 2 8-, 193 4 MVR. J. J. J. Standard Registrar	(Address) Rockfall Ind.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: BUREAU Arteriosclerosis 1915 Attack of evilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL SP	ACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 07237
County Kent.	Registration Dist. No. 202
Village or City Chestertun	ND. St Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary Brown	ds.
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 12 1934
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Oay) (Year) 22. I HyEREBY CERTIFY, They I attended deceased from
6. DATE OF BIRTH (month, day, and year) not Known 1862	March 3/ ,19 3% to failed 17 ,19 3%; deeth is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
8 Trade profession or particular	Lollarana Western Date of ones
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	suferlin of lung
10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Kent C, (State or country) maryland	Other Contributory Canses of importance:
13. NAME Phellip Borber	
13. NAME Phellip Bother 14. BIRTHPLACE (city or town) (State or country) Reveland	Name of operation Date of Whet test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME annie Freendam	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Maryland	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Lempie Lagives (Address) Chesterbus Med.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Chesterbus Comelly Date July 15, 1934	Manner of Injury
19. UNDERTAKER Klode of Uselly (Addiess)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED FEELLY 13. 419 34 EN J Sticks	(Signed) Or I'm Clemond M. O.
Registrar.	(Address) : This work of the

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07238
1. PLACE OF DEATH	95-0
county the short fronts or	ed. Registration Dist. No. 204
Village or City Courtne Polent	No. St., Ward
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) 1. ds. How long in U.S. if of foreign birth?
2. FULL NAME Prince Eddie	Edward L. Oliver
(a) Residence: No. Somerwille (Vost, Cl. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (puric the word)	21. DATE OF DEATH 2 2 193 4 (Month) (Day) (Veer)
5a. If married, widowed, or divorced HU3BAND of	22. I HEREBY CERTIFY Thet I attended deceased from
(or) WIFE of belatic of towards	Suly 16 1924 to July 21 1988
6. DATE OF BIRTH (month, day, and year) Sept. 6,1887	I last saw here alive on self 19 34; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
46 10 16. 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	acule miscondites figrits
9. Industry or business In which MILL, W. E. Church SAW MILL, BANK, etc	- 1
10. Oata deceasad last worked et this occupation (month and yeer) spent in this occupation deceased last worked et this occupation occupation occupation	
12. BIRTHPLACE (city or town) Elle ATT dry Son &	Other Contributory Causes of Importance:
(Stata or country)	
13. NAME I homor Edwards	
14. BIRTHPLACE (city or town) from Mc N, CI,	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME Julia Manager	23. If death wes dua to axternel causes (VIOLENCE) fill in elso tha following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?, 19, 19, 19, 19
(Stata or country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Menner of Injury
Place July Oata Z 1934	Natura of injury
19. UNOERTAKER HOW A. Worden	24. Wes disease or Injury in any way related to occupation of decaased?
20. FILED July N 1934 DIFFERENCE	eq (Signed) Tracel M.D.
Registrar. If more blanks are needed, address State Registrar.	(Address)
	-y O o o y tequently of U tive 4.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions; if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

PLACE OF DEATH	STATE OF MARYLAND
County Line Kent	CERTIFICATE OF DEATH
	(lau)
new Millington	Registration Dist. No. 200
Village or City (No	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME John Frank &	tion, give its NAME isstend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Server	16 DATE OF DEATH
mule Colored OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17/ I HEREBY CERTIFY, That Lattended the deceased from
(Month) (Day) (Year)	that I last saw here on Bus 6- 1924,
7 AGE [If LESS than	and that death occurred on the date stated above, at 3 4 P. m
l dayhrs.	The CAUSE OF DEATH * was as follows:
72 yrs. mos. ds. or min.?	Heat expansion, due on
(a) Trade, profession or	was side coming form from
particular kind of work	Unulawa "ho Real
(b) General nature of industry business, or establishment in	1 P
which employed or (employer)	(Duration) yes. mos de deserv
9 BIRTHPLACE	Contributory Secondary
(State or country) Julen and	(Duration) yrs mos ds.
10 NAME OF SEA WE STATE	(Signed) Munt Buc' M. D.
J. 111 11. Chros	10
IN BIRTHPLACE OF FATHER	July 9 1924 (Address) buller glas lla;
Z (State or country) Lucen Chunk	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER marthe Sould	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a / / www.	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the
(State or Country) July China	of deathyrsds. Stateyrsds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Martha Emory -	Former or usual residence
5 20 · A	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Millington md.	millington md. July 8, 1934
15	20 UNDERTAKET LO ADDRESS
Filed 1924 Registra:	John C. Tolin & Sen millington Me
If more banks are needed, addre.s tate Negistran	, 18 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

07920

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questhe first line will be sufficient, e. g.. Farmer or Planter, tion applies to c.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should he used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Lahorer," "For man," "Manager," "Dealstate occupation at heginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housewhatever, write None. husiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal menin_itis"); Diphtheria (avoid use of "Croup"); Inal menin_itis"); Diphtheria (avoid use of "Croup"); Cobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondar) or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular etc. The contributory Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state FADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement AGE should be stated EXACTLY. properly classified. See instructions on back of certificate. be GAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY, WITH TION is very important. ä Z

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	- RED
County Keish	Registration Dist. No. 2 o d
Village or City Jacobee (Mosleclocore St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Service	Clive.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED ("write the word) Haveel"	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If Married, widowed, ordivorced HUSBAND of	
(or) WIFE of James Mine	22. I HEREBY CERTIFY, Thet I ettended deceased from
h = 36-1815	I last sew here elive on 1950 deeth is seld
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Yeers Months Days If LESS than	1 8.150
1 C c l l day hre	to have occurred on the date(stated above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormir.	were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	61
SAWYER, BOOKKEEPER, etc.	applipg.
work wes done, es SILK MILL, SAW MILL, BANK, etc.	- Just
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased lest worked et this occupation (month end	
this occupation (month end 5) spent in this yeer)	
1. 189	Other Contributory Canses of importence:
12. BIRTHPLACE (city or town) (State or country)	1933 Mark 1933
	Entern Agentianing
14. BIRTHPLACE (city or town)	of surviver as
14. BIRTHPLACE (city or town)	Neme of operation
(State of Country)	What test confirmed diagnosis? Wes there en au'opsy?
16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town) Lees le	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT James Kleece (Address) Electedes R.R. V	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR BEMOVAL	Manner of injury
Place Cell It Pauls Complete Date July 5, 1938	Neture of Injury
19. UNDERTAKER LITTLE VIOLET	24. Was disease or injury in any way related to occupation of deceased?
(Address) Chesterton hell	If so, specify
20. FILED why 3 1934 F. Strith	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related caus of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU	V. S. I			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

SIAIE	JF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	at -	Begintentian Diet No. 9119
County		Registration Dist. No.
Village or City Ala	v women, ma	No. St. War No. St. War No. St. No. St
Length of residence in city or town whera	daalh occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME COSC	as Lawrence	4 00
(a) Residence: No.	(Usual place of abode)	St., Wards IN If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
M. C.	OR DIVERSED (write the word)	(Montty) (Pay) (Year)
5a. If marriad, wildowed, or divorced HUSBAND of	1 0	22. HEREBY CERTIFY That i attended deceased fr
(or) Water Lead	er Lawrence	22. I HER EBY CERTIFY That I attended deceased in
6. DATE OF BIRTH (month, day, and year)	Upr 7 / 1997	Plast saw h alive on July 127, 193K; daeth is s
7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at
30 3	71 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importence ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	Z	fort 1 V
SAWYER, BOOKKEEPER, etc	1 WHOX	wasra venis rage pag s
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, elc		
this occupation (month and	11. Total time (years) spent in this	
year)	occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	H C D	The state of the s
13. NAME Robt	Carring	- Trovadly Villici
E .	rawunee	Name of operation
(State or country)	rth Carolina	What tast confirmed diagnosis?
15. MAIDEN NAME	Sloans	23. If death was due to external ceuses (VIOLENCE) fill In also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	- A	Accident, suicide, or homicide?
(State or country)	the Carolina	Whera did injury occur? (Specify city or town, county end State)
17. INFORMANT Leather	Laurence	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION OR REMOVAL	Worter md.	Manner of Injury
Place Melitota Int. Ping	ah Date July 29, 193K	Manner of Injury
10 HADESTAVES 60-00 X	li all	24. Was disease or injury in any way related to occupetion of deceased?
19. UNDERTAKER Alord (Address) Charles	Lour Med	If so, specify
20. FILED Suly 29, 1934 2	Vi Alicks	(Signed) Isaaf W Mulh
	Registrar.	(Addrass) Alskulska Kl: M.

-WRITE PLAINLY, WITH

FADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Perilonilis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

state JPA.	1. PLACE OF DEATH			
PI PI	County Leus.	Registration Dist. No. 264		
shoul of OC	Village or City rear Phretulowa (IF	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)		
NS ent	Langth of residence In city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.		
RD. Every FSICIANS statement	2. FULL NAME Nelgy Undrew of	aglar Miller		
SI SI	(a) Residence: No. The Malestacon RT	St., Ward. If nonresident give city or town and State		
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
T RECORD Y. PHYS Exact sta	3. SEX) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
T I ed.	5a. If marriad, widowed, or divorced	(month) (bay) (feat)		
RMANEN X A C T I classified	HUSBAND of Waller 2. Miller	22. HEREBY CERTIFY. Thet I attended decessed from 19 00, to 20 , 19 3 4		
, ,	6. DATE OF BIRTH (month, day, and year) March 10. 1842	I lest saw h elive on 1934; deeth is said		
A P ed perl fica	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at		
IS A PE stated E properly certificate	92 4 ormin.	Tha PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of onset		
HIS be be of	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	1934		
VK—T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	Mas furrustion		
o to H	10. Data deceased last worked et this occupation (month and year) spent in this occupation			
AGE that ions o	10 Mina	Other Contributory Causes of importance;		
DI So ucti	12. BIRTHPLACE (city or town)	June Who all or mis		
VFADING oplied. AGE erms, so that instructions	# 13. NAME John Toylor	assume when personal		
sur n t	14. BIRTHPEACE (city or town) At Micheels (8tete or country)	Name of operation Deta of		
III pla		What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:		
INLY, WITH be carefully EATH in plain important. S	10-11-	Accident, suicide, or homicide? Data of injury 19		
ca TH	16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?		
PON	17. INFORMANT Sons a. C. Newly Laught	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
- 3 10	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury		
	Place Tauls Date July 27 1936	Natura of injury		
-WRITE mation s CAUSE TION is	19. UNDERTAKER Margin & Asteliages, Same	24. Was disease or injury in any way related to occupation of deceased?		
B	(Address) (Treslectours Add.	(Signed) Reach W Smith M. D.		
z(1)	20. FILED 19-9 Registrar.	(Address) le Restutour met		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis . V E	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. F.	Ì				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back

Exact statement of OCCUPA.

(Address)

20, FILED:

STATE OF MARYLAND-	CERTIFICATE OF DEATH 07243
1. PLACE OF DEATH	01640
County Rent	Registration Dist. No. 202
Village or City Less Chestuloson	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Newry lieslo	ds. How long in U. S. if of foreign birth?yrsmosds.
(a) Residence; No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH YELL 193 4
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Emma R. Nichola	(Month) (Yaar) 22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days 1 tf LESS than 1 dey, hrs. or min.	I last saw has alive on to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH end ralated causas of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc 10. Oata decaesed last worked at this occupation (month and year)	milion right
12. BIRTHPLACE (city or town) Mayland. (State or country)	Other Coutributory Causes of importance:
13. NAME Achaef Kloyf Olicols 14. BIRTHPLACE (city or town) Maying Land, (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Clear Wright. 16. BIRTHPLACE (city or town) Maryland. (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
17. INFORMANT Miss. Bissing Melale. (Address) Hear Challelown	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place S. Pauli Cerestas Date July 16, 1934	Mannar of Injury
19, UNDERTAKER Willis Claud	24. Wes disease or injury In any way retetad to occupation of deceesad?

Registrar.

If so, specify (Signed)

Statement of occupation,—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
ALOS ALIVE DE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PLACE OF DEATH	STATE OF MARYLAND
County Keul	CERTIFICATE OF DEATH
near Of	Registration Dist. No. 202
Village or City Mesler own (No.	St.: Ward) (if death occurred in a hospital or institu
2FULL NAME Boy Pas	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Maralive on June 19 1984.
7 AGE / If LESS than	and that death occurred on the date stated above, at 2m
a l day 2. hrs.	The CAUSE OF DEATH * was as follows:
yrs. / mos. 70 ds. or min.	Je many Com
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrernosds
9 BIRTHPLACE (State or country)	Contributory Secondary ADuration A System Mosds
10 NAME OF FATHER 3 PARTIES	(Signed) Ofleward Dawer M. D
U II BIRTHPLACE	(-70 f192 y (Address) Childle Abury M
OF FATHER (State or country) 12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER + Corence Hurd.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Berry A Pastte	Former or usual residence
(Address) Phististown Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed July 20 1934 W.J. Deck	Durch Pastle Hestertown
If more bianks are needed, address State Registration	r, 16 W. Saratoka St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., tion applies to cach and every person, irrespective of report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Salesman. 9 Grocery;

Statement of Cause of Death—Name, first, the DIS, EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL scpticaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

m

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07245
1. PLACE OF DEATH	46
County Leigh -	Registration Dist. No. 39
Village or City Chesleelawx	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) dsdsdsds.
2. FULL NAME Mulliand Than	nad Treler
(a) Residence: No. Light. (Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Selly 6 et , 193 + (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Ceruma Smith	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Not . 14 1834	alive on 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
8. Trada, profession, or particular/kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	were as follows: Data of onset Plans./
Kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SIŁK MIŁL, SAW MIŁL, BANK, etc. 11. Total time (years)	James My James 1750
11. Total time (years) this occupation (month and 12 4 spant in this up occupation	
12. BIRTHPLACE (city or town) Such a Cumby	Other Contributory Causes of importance:
(State or country) Marylaned	Ashense lists
13. NAME hogas Forter	
13. NAME 14. BIRTHPLACE (city or town) (State or gountry)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAMELY Saug Calloway	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Secondary (State or country)	Accident, sulcide, or homicide? Date of Injury, 19
17. INFORMANT Pro Clerica Porler (Address) Philosophia Sad	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Chester Cernelly Oate July 8, 1934	Manner of injury
19. UNDERTAKER AND A MILES	24. Was disease or injury in any way ralated to occupation of deceased?
20. FILED Deely 6- 1984 WJ Sticks	(Signed) M. D. (Address) Olicelesto Dept.
Registrar.	" (Audiess) . C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

	Example II		
l causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
::	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Causes Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Cother contributory causes of importance:	

11	m of infor-	hould state	OCCUPA.	
M)	N. B.—WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
J. DI	ENT RECC	TLY. PI	ed. Exact	
BINDIN	PERMAN	d EXAC	erly classifi	cate.
MARGIN RESERVED FOR BINDING	THIS IS A	ld be state	ty be prope	ck of certifi
RESER'	ING INK-	AGE shou	that it ma	tions on ba
MARGIN	H CNFAD	supplied.	in terms, s	See instruc
•	NLY, WIT	be carefully	ATH in pla	mportant.
(RITE PLAI	bluods noi	USE OF DE	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BW	mät	CA)	OIL ()

STATE OF MARYLAND	-CERTIFICATE OF DEATH 07246
1. PLACE OF DEATH	
County Kent	Registration Dist. No 202
Village or City Chestestown	NoSt., Ward
Length of residence in city or town where deeth occurredyrs,	(If death occurred in a horpital or institution, give its NAME instead of street and number) _mosds. How long in U.S. if of foreign birth?yrs,ds.
2. FULL NAME Mary & Pritchett	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH July (Day) (Yeer)
(or) WIFE of John Prilchell	1 HEREBY CERTIFY, That I ettended decessed from
B. DATE OF BIRTH (month, day, end yeer) Lot Known 187	3 I lest saw h. M. alive on James 30 0 ,19 3 4; death is said
AGE Yeers Months Days If LESS that I day,	The state of the s
8. Trade, profession, or perticular kind of work done, as SPINNER, Honsey & SAWYER, BOOKKEEPER, etc.	Over Come with heat July 34
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	
10. Dete deceased lest worked et this occupation (month end yeer)	
12. BIRTHPLACE (city or town) Success Anne Co (State or country)	Other Cantributory Caases of Importance: Landia Refusery ryan
13. NAME Wesley Stephons	
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State or country)	Whet test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME Rate hot pleasure	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(7. INFORMANT Florence Prittlett (Address) 923 Lineart St. Balt. AV	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Chistulus Capatan Dete July 4, 193	Menner of injury
19. UNDERTAKER Abold & Skilling (Address)	24. Wes disease or injury in eny wey releted to occupetion of deceesed?
20. FILED July 8 7184 WV Hicke	(Signed) Am , phahmond M. D.
	trar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	14	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		7 4 2	

STATE (OF MARYLAND-	CERTIFICATE OF DEATH 072
County /Ces	t	Registration Dist. No. 20
Village or City Cheste	stour	No. St
Length of recidence in city or town who	(I	f death occurred in a horpital or institution, give its NAME instead of street and n s,ds. How long in U.S. If of foreign birth?mo
2. FULL NAME Wal	B St.	s
(a) Residence; No.	a solony	C4 Mard
	(Usual place of above)	If nonresident give city or town and
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	Manuel	(Month) (Day)
HUSBAND of (or) WHFE of	3.00 R	22. HEREBY CERTIFY. Thet I aftended
77.00	2/4/12/2	1000
7. AGE Years Months	Days If LESS than	I last sew h delive on the last sew h
79	1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	0 d 10 d	were es follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Cetired Former	lander Augal
9: Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.		A
O I IO. Dato deceased lest worked at	11. Total time (years)	Molare
this occupation (month end yeer)	spent in this	
12. BIRTHPLACE (city or town) / Ken	ta.	Other Costributor Causes of Importence.
(State or country)	naryland	Inoru Rerosis
13. NAME Laurence	m/ Strong	
13. NAME Agurese 14. BIRTHPLACE (city or town)	ent G	Name of operation Date of
c (State of Country)	margland	What test confirmed diagnosis? Wes there an a
15. MAIDEN NAME	line Hoffman	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	all will	Accident, suicide, or homicide? Date of injury
m 01-6	1 - BNI-	(Specify city or town, county and State
17. INFORMANT (Address)	Laton he	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury William
Place Old IT lands Ch	who 2 3 , 193 K	Nature of Injury
19. UNDERTAKER Llodd	& agello	24. Was disease or injury in any way related to occupation of deceesed?
(Address)	lectory md	If so, specify
20. FILED July 8 - 19 34	W & Alcaks	(Signed) 7004
5	Registrar.	(Address) (Addre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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1. PLACE OF DEATH		95-8
County Kent		Registration Dist. No.
Village or City Hear Ches	lulows	No. St.,
		If death occurred in a hospital or institution, give its NAME instead of street and number of the street and number of th
Length of residence in city or town where	death occurredyrs,mo	sds. How long in U. S. if of foreign birth?yrs,mos.
2. FULL NAME Jareph.	N. Ourose	
(a) Residence: No.	(Usual place of abode)	St, Ward. If nonresident give city or town and Stat
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5, SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
mile white	OR DOVORCED (write the word)	: July 31 19
5a. If married, widowed, or divorced	, vacreer	(Month) (Day)
HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, Thet I attended dece
		7-25 1934 to 7-31
6. DATE OF BIRTH (month, day, and year)	cly 21, 1854	I lest saw h in elive on 7-3/ ,1934; de
7. AGE Years Months	Days If LESS than 1 dey, hrs.	to have occurred on the date stated above, at
80 0	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER.	Petion	Hypertension with
SAWYER, BOOKKEEPER, etc. 9. Industry or business In which	price	for the second second
work was done, es StLK MILL, SAW MILL, BANK, etc.		Cerminal nemplegea
kind of work done as SPINNER, SAWYER, BDOKKEFPER, etc	11. Total tima (yeers) spent in this	
year)	occupetion	
12, BIRTHPLACE (city or town)	0	Other Custributury Causes of importance:
(State or country) Merc	ilond i	- John State of the state of th
13. NAME John a. Ve	enon,	
13. NAME John a. Va	ctemore.	Name of operation Dete of
(State or country)	Mayland	What test confirmed diagnosis? Was there en auto
15. MAIDEN NAME , Harrielf	Boone	23. If death was due to external ceuses (VtDL ENCE) fill in also the following:
15. MAIDEN NAME Farrell 16. BIRTHPLACE (city or town) (State or country)	cyland	Accident, suicide, or homicide? Date of injury
∑ (State or country)	00	Where did Injury occur?
17, INFORMANT Levery Le	edler,	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Eleslen	our mu	
18. BURIAL, CREMATION, OR REMOVAL	Data aug, 3 1934	Manner of Injury
Place	Data	Nature of Injury
19. UNDERTAKER	Carp.	24. Wes disease or injury in eny way related to occupation of deceased?
(Address)	4.000	tf so, specify
20. FILED CLUB 3 154, A	WOLAID	(Signed) of and James

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1	N. B.—WRITE PLAINLY, WITH CNFADING INK—THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	() CAUSE OF DEATH in plain terms, so that it may be properly classified.
>	Z	1	_

TION is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH 07249
1. PLACE OF DEATH	(2.)
County Kent	Registration Dist. No. 20/
Village or City Morton 18140	No. St Ward
Length of residence in city or town where death occurredyrsmos. 2. FULL NAME from Holliam Vanderself	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
(a) Residence No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write tha word)	(Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Deys If LESS than 1 day, hrs. or min. 8. Trede, profassion, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc. 9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and	I lest sawh elive on
12. BIRTHPLACE (city or town) Polemans Anton PETS (State or country) marshand	Dthar Contributory Causes of Importence:
13. NAME John Milmore 14. BIRTHPLACE (city or town) Horton RFA Colemans. (State or country)	Neme of oparation Date of What tast confirmed diagnosis? Ask And Examples a there en autopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. MAIDEN NAME Collegian And Collegian Collegian And Collegian Collegi	23. If death was due to axternal causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION OR REMOVAL Plece Design Charles 4. Data Junely 1.5., 19.34	Mannar of injury
19. UNDERTAKER Registrar. 19. UNDERTAKER Registrar.	24. Wes disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Addrass) (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, who had no occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07250
County_ teat	Registration Dist. No. 200
Village or City Georgelows	No. St. Ward
Length of residence in city or town where death occurred yrs mos 2. FULL NAME Arm Stillow W.	f death occurred in a hospital or institution, give its NAME instead of street and number) i
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19 , to, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) July 4 to 1934	I last saw h alive on, 19; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still from July 4 5 A 14, 34 Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and this county in this second in this	
O 10. Date deceased last worked et this occupation (month and year)	3
12. BIRTHPLACE (city or town) Slong clown (State or country) Kuth & D Two (Other Contributory Causes of importance:
13. NAME Anne V Holt Mited to	
13. NAME Some of Hold Makes to . 14. BIRTHPLACE (city or town) French Co . (State or country)	Name of operation
15. MAIDEN NAME THE ASSESSION	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT &r. Edward Alerts (Address) balune well	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date 1924	Nature of injury
19. UNDERTAKER J.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 20, 19.34 Fig. Registrar.	(Signed) Certifical M.D. (Address) Salua, U.L.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
		HECEIAEN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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